

**North Carolina Department of Health and Human Services**  
**Division of Public Health • Epidemiology Section**  
**Communicable Disease Branch**

**ATTENTION HEALTH CARE PROVIDERS:**

Please report relevant clinical findings about this disease event to the local health department.

**FOODBORNE POISONING: CIGUATERA**  
**Confidential Communicable Disease Report—Part 2**  
**NC DISEASE CODE: 130**

**REMINDER to Local Health Department staff: If sending this form to the Health Care Provider, remember to attach a cover letter from your agency indicating the part(s) of the form the provider should complete.**

Patient's Last Name	First	Middle	Suffix	Maiden/Other	Alias	Birthdate (mm/dd/yyyy) / /	SSN
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**NC EDSS  
LAB RESULTS**

Verify if lab results for this event are in NC EDSS. If not present, enter results.

Specimen Date	Specimen #	Specimen Source	Type of Test	Test Result(s)	Description (comments)	Result Date	Lab Name—City/State
/ /						/ /	
/ /						/ /	
/ /						/ /	



**NC EDSS PART 2 WIZARD  
COMMUNICABLE DISEASE**

Is/was patient symptomatic for this disease? ☐ Y ☐ N ☐ U

If yes, symptom onset date (mm/dd/yyyy): / /

CHECK ALL THAT APPLY:

Fever ☐ Y ☐ N ☐ U

☐ Yes, subjective ☐ No  
☐ Yes, measured ☐ Unknown

Highest measured temperature \_\_\_\_\_

Fever onset date (mm/dd/yyyy): / /

Drowsy ☐ Y ☐ N ☐ U

Sweats (diaphoresis) ☐ Y ☐ N ☐ U

Thirst ☐ Y ☐ N ☐ U

Extreme thirst ☐ Y ☐ N ☐ U

Dehydration ☐ Y ☐ N ☐ U

Signs of dehydration (choose all that apply):

- ☐ Decreased skin turgor  
☐ Dry mucous membranes  
☐ Non-palpable pulse  
☐ Sunken eyes  
☐ Decreased urine output

Light-headedness (pre-syncope) ☐ Y ☐ N ☐ U

Altered mental status ☐ Y ☐ N ☐ U

Patient displayed (select all that apply):

- ☐ Delirium ☐ Coma ☐ Illusions  
☐ Disorientation ☐ Hallucinations

Memory loss ☐ Y ☐ N ☐ U

Memory loss was: ☐ Short term ☐ Long term

Periods of drowsiness followed

by hyperactivity ☐ Y ☐ N ☐ U

Incoherent speech ☐ Y ☐ N ☐ U

Headache ☐ Y ☐ N ☐ U

Seizures/convulsions ☐ Y ☐ N ☐ U

Please specify

- ☐ New onset  
☐ Exacerbation of underlying seizure disorder  
☐ Other \_\_\_\_\_  
☐ Unknown

Ataxia ☐ Y ☐ N ☐ U

Mouth tingling/burning ☐ Y ☐ N ☐ U

Numbness of lips or tongue ☐ Y ☐ N ☐ U

Facial flushing ☐ Y ☐ N ☐ U

Pain or paresthesia of the face and/or lower extremities ☐ Y ☐ N ☐ U

Hot/cold temperature sensory reversals ☐ Y ☐ N ☐ U

Acute onset of peripheral neuropathy ☐ Y ☐ N ☐ U

Muscle paralysis ☐ Y ☐ N ☐ U

Skin rash ☐ Y ☐ N ☐ U

Skin itching (pruritis) ☐ Y ☐ N ☐ U

Aching teeth ☐ Y ☐ N ☐ U

Shortness of breath/difficulty breathing/ respiratory distress ☐ Y ☐ N ☐ U

Respiratory arrest ☐ Y ☐ N ☐ U

Palpitations ☐ Y ☐ N ☐ U

Cardiac arrhythmias or cardiac arrest ☐ Y ☐ N ☐ U

Hypotension ☐ Y ☐ N ☐ U

Lowest recorded blood pressure \_\_\_\_\_

Nausea ☐ Y ☐ N ☐ U

Vomiting ☐ Y ☐ N ☐ U

Abdominal pain or cramps ☐ Y ☐ N ☐ U

Diarrhea ☐ Y ☐ N ☐ U

Describe (select all that apply)

- ☐ Bloody  
☐ Non-bloody  
☐ Watery  
☐ Other

Maximum number of stools in a 24-hour period: \_\_\_\_\_

During the 24 hours prior to onset of symptoms

did the patient eat any raw or undercooked

seafood or shellfish (i.e., raw oysters,

sushi, etc.)? ☐ Y ☐ N ☐ U

Specify type of seafood/shellfish \_\_\_\_\_

Specify place of exposure \_\_\_\_\_

During the 24 hours prior to onset of symptoms, did the patient:

Handle/eat shellfish (i.e. clams, crab, lobster, mussels, oysters, shrimp, crawfish,

other shellfish)? ☐ Y ☐ N ☐ U

Handle/eat clams? ☐ Y ☐ N ☐ U

Handle/eat crabs? ☐ Y ☐ N ☐ U

Handle/eat lobster? ☐ Y ☐ N ☐ U

Handle/eat mussels? ☐ Y ☐ N ☐ U

Handle/eat oysters? ☐ Y ☐ N ☐ U

Handle/eat shrimp? ☐ Y ☐ N ☐ U

Handle/eat crawfish? ☐ Y ☐ N ☐ U

Handle/eat other shellfish? ☐ Y ☐ N ☐ U

Handle/eat finfish (i.e. Tuna, Mackerel, Skip Jack,

Amber Jack, Bonito, mahi-mahi / dorado, Blue fish,

Salmon, Puffer fish, Porcupine fish, Ocean sunfish,

sushi)? ☐ Y ☐ N ☐ U

Specify type of finfish:

- ☐ Tuna ☐ Puffer fish  
☐ Mackerel ☐ Parrot fish  
☐ Skip Jack or Amberjack ☐ Porcupine fish  
☐ Bonito ☐ Ocean sunfish (Mola mola)  
☐ Mahi-mahi ☐ Bluefish  
☐ (dorado/"blue dolphin") ☐ Salmon

☐ Sushi, unknown type of fish

☐ Other: specify \_\_\_\_\_

☐ Unknown

Does the patient know anyone else with

similar symptoms? ☐ Y ☐ N ☐ U

If yes, specify:

Patient's Last Name	First	Middle	Suffix	Maiden/Other	Alias	Birthdate (mm/dd/yyyy) / /
						SSN / /

**REASON FOR TESTING**

Why was the patient tested for this condition?

☐ Symptomatic of disease

☐ Screening of asymptomatic person with reported risk factor(s)

☐ Exposed to organism causing this disease (asymptomatic)

☐ Household contact to a person reported with this disease

☐ Other, specify: \_\_\_\_\_

☐ Unknown

**HOSPITALIZATION INFORMATION**

Was patient hospitalized for this illness >24 hours? ☐ Y ☐ N ☐ U

Hospital name: \_\_\_\_\_

City, State: \_\_\_\_\_

Hospital contact name: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Admit date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Discharge date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

**ISOLATION/QUARANTINE/CONTROL MEASURES**

Did local health director or designee implement additional control measures? ☐ Y ☐ N

If yes, specify: \_\_\_\_\_

**CLINICAL OUTCOMES**

Discharge/Final diagnosis: \_\_\_\_\_

Survived? ☐ Y ☐ N ☐ U

Died? ☐ Y ☐ N ☐ U

Died from this illness? ☐ Y ☐ N ☐ U

Date of death (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

**TRAVEL/IMMIGRATION**

The patient is:

☐ Resident of North Carolina

☐ Resident of another state or US territory

☐ None of the above

Did patient have a travel history during the 24 hours prior to onset of symptoms? ☐ Y ☐ N ☐ U

Travel dates: From: \_\_\_\_\_ until \_\_\_\_\_

To city: \_\_\_\_\_

To country: \_\_\_\_\_

Does patient know anyone else with similar symptom(s) who had the same or similar travel history? ☐ Y ☐ N ☐ U

Name: \_\_\_\_\_

Additional travel/residency information: \_\_\_\_\_

**CHILD CARE/SCHOOL/COLLEGE**

Patient in child care? ☐ Y ☐ N ☐ U

Patient a child care worker or volunteer in child care? ☐ Y ☐ N ☐ U

Patient a parent or primary caregiver of a child in child care? ☐ Y ☐ N ☐ U

Is patient a student? ☐ Y ☐ N ☐ U

Type of school: \_\_\_\_\_

Is patient a school WORKER / VOLUNTEER in NC school setting? ☐ Y ☐ N ☐ U

Give details: \_\_\_\_\_

**BEHAVIORAL RISK & CONGREGATE LIVING**

During the 24 hours prior to onset of symptoms did the patient live in any congregate living facilities (correctional facility, barracks, shelter, commune, boarding school, camp, dormitory/sorority/fraternity)? ☐ Y ☐ N ☐ U

Name of facility: \_\_\_\_\_

Dates of contact: \_\_\_\_\_

During the 24 hours prior to onset of symptoms, did the patient attend social gatherings or crowded settings? ☐ Y ☐ N ☐ U

If yes, specify: \_\_\_\_\_

In what setting was the patient most likely exposed?

<input type="checkbox"/> Restaurant	<input type="checkbox"/> Place of Worship
<input type="checkbox"/> Home	<input type="checkbox"/> Outdoors, including woods or wilderness
<input type="checkbox"/> Work	<input type="checkbox"/> Athletics
<input type="checkbox"/> Child Care	<input type="checkbox"/> Farm
<input type="checkbox"/> School	<input type="checkbox"/> Pool or spa
<input type="checkbox"/> University/College	<input type="checkbox"/> Pond, lake, river or other body of water
<input type="checkbox"/> Camp	<input type="checkbox"/> Hotel / motel
<input type="checkbox"/> Doctor's office/ Outpatient clinic	<input type="checkbox"/> Social gathering, other than listed above
<input type="checkbox"/> Hospital In-patient	<input type="checkbox"/> Travel conveyance (airplane, ship, etc.)
<input type="checkbox"/> Hospital Emergency Department	<input type="checkbox"/> International
<input type="checkbox"/> Laboratory	<input type="checkbox"/> Community
<input type="checkbox"/> Long-term care facility /Rest Home	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Military	
<input type="checkbox"/> Prison/Jail/ Detention Center	<input type="checkbox"/> Unknown

**FOOD RISK AND EXPOSURE**

Where does the patient/patient's family typically buy groceries?

Store name: \_\_\_\_\_

Store city: \_\_\_\_\_

Shopping center name/address: \_\_\_\_\_

During the 24 hours prior to onset of symptoms, did the patient:

Eat any food items that came from a produce stand, flea market, or farmer's market? ☐ Y ☐ N ☐ U

Specify source: \_\_\_\_\_

Eat any food items that came from a store or vendor where they do not typically shop for groceries? ☐ Y ☐ N ☐ U

Specify source(s): \_\_\_\_\_

Handle/eat other seafood (i.e. octopus, squid) or frogs? ☐ Y ☐ N ☐ U

Specify other seafood:

☐ Squid ☐ Octopus ☐ Frog

☐ Other, specify: \_\_\_\_\_

Eat at a group meal? ☐ Y ☐ N ☐ U

Specify: \_\_\_\_\_

☐ Place of Worship

☐ School:

☐ Social function

☐ Other, Specify: \_\_\_\_\_

Eat food from a restaurant? ☐ Y ☐ N ☐ U

Name: \_\_\_\_\_

Location: \_\_\_\_\_

**CASE INTERVIEWS/INVESTIGATIONS**

Was the patient interviewed? ☐ Y ☐ N ☐ U

Date of interview (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Were interviews conducted with others? ☐ Y ☐ N ☐ U

Who was interviewed? \_\_\_\_\_

Were health care providers consulted? ☐ Y ☐ N ☐ U

Who was consulted? \_\_\_\_\_

Medical records reviewed (including telephone review with provider/office staff)? ☐ Y ☐ N ☐ U

Specify reason if medical records were not reviewed: \_\_\_\_\_

Notes on medical record verification:

**GEOGRAPHICAL SITE OF EXPOSURE**

In what geographic location was the patient MOST LIKELY exposed?

Specify location:

☐ In NC

City \_\_\_\_\_

County \_\_\_\_\_

☐ Outside NC, but within US

City \_\_\_\_\_

State \_\_\_\_\_

County \_\_\_\_\_

☐ Outside US

City \_\_\_\_\_

Country \_\_\_\_\_

☐ Unknown

Is the patient part of an outbreak of this disease? ☐ Y ☐ N

Notes regarding setting of exposure:

## **Foodborne poisoning: ciguatera**

### **2007 Case Definition (North Carolina)**

#### **Clinical description**

Ciguatera fish poisoning is a food intoxication caused by consumption of predatory reef fish that have accumulated toxins in their flesh from consuming fish that eat toxic algae and dinoflagellates. Symptoms of the reaction include tingling or numbness, dry mouth, pupil dilatation, blurred vision, and paralysis. Classic symptoms include reversal of hot and cold sensation (ice cream tastes hot, coffee tastes cold) and aching teeth. In severe cases patients may become hypotensive, progress to coma or experience respiratory arrest. Symptoms typically develop within 48 hours of consuming a poisoned fish. Fish that have typically been implicated include barracuda, grouper, amberjack and snapper.

#### **Laboratory criteria for diagnosis**

- Toxin detection in an epidemiologically implicated fish

#### **Case classification**

*Probable:* a clinically compatible case who had a consistent exposure (consumption of fish such as those listed above)

*Confirmed:* a clinically compatible case with toxin detected in an epidemiologically implicated fish